

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570351

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
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16	1		1			
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19	1		1			
20	1		1			
21	1		1			
22	1		1			
23						
24	1		1			
25	1		1			
26	1		1			
27	3		3			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
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TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS			1			